

GLF-1002 (1/4)

PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Carvest Reed	Date of Request: 6-27-05
ID # ///9/4 Date of Birt	h: $\sqrt{-23}$ - $\sqrt{3}$ Location: $\sqrt{-A-2}$
Nature of problem or request:	Jain in Pernia and
pain in right Stolder /	rom pulled muscle
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	carnes rees
DO NOT WRITE BEL	Signature OW THIS LINE
DO NOT WRITE BED	OW THIS LINE
Date: 6 / 20/ QS	
Time: 2080 AM PM	RECEIVED
Allergies: NKDA	Date: (/\28\0\)
	Receiving Nurse Intials M
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(S)ubjective: (1)	Finday - 11 Pds lord heart
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since " " My harmen	puis'
$a_{\ell} \stackrel{\text{def}}{\sim} a_{\ell}$) 14 News 22.
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AAOX3. Sher wan and dry, legs even	and unlabored, get presents alad. E but
du that he indicate is borneted, pt obs	o poles above Peternet vi phoulder
ROM-WAL, color, warmely and sixation	WNL -
(A)ssessment:	
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	1500m + XSd
(P)lan: (P)lan: (Y)lus	LOUNT X Da
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; , ,	ily Treatment Return to Clinic PRN
CIRCLE C	
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If Emergency was PHS supervisor notified: Was MD/PA on call notified:	
was MD/FA on tail nothled:	Yes () No ()
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WHITE: INMATES MEDICAL FILE	•
YELLOW: INMATE RETAINS COPY AFTER NUR	SE INITIALS RECEIPT



Print Name: EDD'E REED ID # ///9/4 Date of Bir	
Nature of problem or request: RECTAL SURGERY SYEARS 166 SEEMS TO BY BACK	BLEEDING I'VE han But The problem
	Adre Reed Signature
DO NOT WRITE BEI	
Date:// Time: AM PM Allergies:	RECEIVED Date: APR 2 3 2005 Time: Receiving Nurse Intials
(S)ubjective:	
(O)bjective (V/S): <u>T:</u> <u>P:</u>	<u>R:</u> <u>BP:</u> <u>WT:</u>
(A)ssessment:	
(P)lan: Weway	
Refer to: MD/PA Mental Health Dental Da	
Check One: ROUTINE () EMERGENCY (If Emergency was PHS supervisor notified Was MD/PA on call notified	() : Yes () No ()
SI	GNATURE AND TITLE
WHITE: INMATES MEDICAL FILE	

WHITE: INMATE DETAINS CODY



Print Name: Earwest Reed Date of Request: 12-15-04	
Print Name: CARNEST RECD Date of Request: 12-15-04 ID # //19/4 Date of Birth://-23-55 Location: 10-A-74 Nature of problem or request: Selling Mad ache, pain from humis and lump in Thouse.	
Earnest Relaction Signature	
DO NOT WRITE BELOW THIS LINE	
Date: 101 K 1 0 4 Time: AM PM Allergies: MCA Date: 1215 04 Time: Receiving Nurse Intials	
(S) ubjective: my huma enlarged after I started works	
(S) ubjective: my himen enlarged after I stated working out a year ago its bad row I have pours behind no left use about sweets	
(0) bjective Old scar from and hermen Go pain	
in this area I have pain belief my l	
(A) ssessment: of and being pain.	
(P)lan: See in D Internot Strain x/ non the Bid +3 days QY# 4 P	
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN CIRCLE ONE	
Check One: ROUTINE() EMERGENCY() If Emergency was PHS supervisor notified: Yes() No() Was MD/PA on call notified: Yes() No()	
SIGNATURE AND TITLE	

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Print Name: Carves+ Reen Date of Request: 6-27-04
ID #
Nature of problem or request: Leeling, week Mure Reportition B. I
reed a blood text paintfrom Hernia and reed but
on the dental list!
Earnest Reed
Signature
DO NOT WRITE BELOW THIS LINE
Date: 6, 129, 04
Time: O 30 AM PM RECEIVED
Allergies: N Date: 429W
Time: 110
Receiving Nurse Intials
(S)ubjective: I feel weak to have a persia"
$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
001 /0 1/ 110/00 00/0
(O)bjective (V/S): T: 98, P: 68 R: 16 BP: 110/80 WT: 206
(A)ssessment: W/m alert & oriented X3; ekin w+D.
(A) seasoment: W/m) alert a culture x3, 2000
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The class many way
hernen, bowel sounds active x 4 States herhas
List. Barbaronepraysla
(P)lan: to sel 1 (to on Juesday 1-6-04
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
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If Emergency was PHS supervisor notified: Yes () No ()
Was MD/PA on call notified: Yes () No ()
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SIGNATURE AND TITLE
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GLF-1002 (1/4)



	Print Name: Earnest Reen Date of Request: 5-2-04 ID # 1/19/4 Date of Birth://-33-55 Location: 10-A-114 Nature of problem or request: Hernia, Athletes Feet, tooth Ache
	Eamest Real Signature DO NOT WRITE BELOW THIS LINE
	Date: 9/4 104 Time: RECEIVED Date: MAR 3 2004 Time: Receiving Nurse Intials
du Sie	(S)ubjective: 11 I have this Hermion I it is So Sare. I ally would like to talk to the Drabout the I reed to Devolal & I have alklite feet. "
	O) bjective Py & Slet Go Spreners to fleria Site. Rejusts to See the bout this Go. also be athlete feel noted. Clotastande
	(A)ssessment: Health Markeau
	(P)lan: The appt grow Give another tuke 4/18/04 / take of AFC give. Give another tuke 4/18/04
	Refer to: MDPA Mantal Health Dental Daily Treatment Return to Clinic PRN CIRCLE ONE Check One: ROUTINEX EMERGENCY () If Emergency was PHS supervisor notified: Yes () No () Was MD/PA on call notified: Yes () No ()
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GLF1000 7/95



Print Name: ECIRNEST REED	Date of Request: 4-28-04			
ID # ///9/4/ Date	e of Birth: //-33-55 Location: /0-A-//2			
Nature of problem or request: athletee front, Tooth ache,				
	0.1000			
	Carnest Alla			
Signature DO NOT WRITE BELOW THIS LINE				
Date://				
Time: AM PM	RECEIVED			
Allergies:	Date: Time:			
	Receiving Nurse Intials			
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Refer to: MD/PA Mental Health Den	tal Daily Treatment Return to Clinic PRN RCLE ONE			
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Was MD/PA on call n	otified: Yes () No ()			
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Print Name: EDDIE Reep Date of Request: 4/23/05
ID # 11914 Date of Birth: 4-5-55 Location: 68-110
Nature of problem or request: RECTAL BLEEDING INE HAD
Surgery Byenes 960 But The problem
Stems to be BACK
Stone Rook
Signature
DO NOT WRITE BELOW THIS LINE
Date:// Time: AM PM Allergies: Date: APR 2 3 2005 Time: Receiving Nurse Intials
<u> </u>
(S)ubjective:
(O)bjective (V/S): T: P: R: BP: WT:
(A)ssessment:
(P)lan: Wewlay
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
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SIGNATURE AND TITLE
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GLF-1002 (1/4)



Print Name: Earnest Reep	Date of Request: 4-22-041		
ID # _///9/9 Date of B	Birth: //- おろ-53 Location: /O- ペーリリ		
Nature of problem or request: Out Regi	uest for Dentist 2 week		
Ago AND haven't clame out	ON New's letter.		
tooth Ache, please chec	Kon Situation		
<u> </u>			
	Earnest Reld		
Signature DO NOT WRITE BELOW THIS LINE			
Date:/			
Time: AM PM	RECEIVED		
Allergies:	Date:		
	Time:		
	Receiving Nurse Intials		
(S)ubjective:			
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CIRCLE			
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Print Name: Carvest Reed Date of Request: 4-8-04
ID # ///9/4 Date of Birth: 1/-23-55 Location: 10-A-114
Nature of problem or request: then from Mernia, pain from
follow up, Didn't See
doctor on last request Earnest Relation
DO NOT WRITE BELOW THIS LINE
Date: 4 k 2007 Time: 935 AM PM Allergies: NKA Date: APR 0 2004 Time:
Receiving Nurse Intials
(S) ubjective: The harm har bander of sec Dh. Tomany - previous y signed White least harm har bander of sec Dh. Tomany - previous y signed white here has not bander of sec Dh. Tomany - previous y signed white here.
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The Not been see
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(A)ssessment:
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Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN CIRCLE ONE Check One: ROUTINE() EMERGENCY() If Emergency was PHS supervisor notified: Yes() No()
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN CIRCLE ONE Check One: ROUTINE() EMERGENCY()
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Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN CIRCLE ONE Check One: ROUTINE() EMERGENCY() If Emergency was PHS supervisor notified: Yes() No()

WHITE: INMATES MEDICAL FILE



Print Name: Carvest Reen	Date of Request: 3-26-04
ID # Date of	Birth: 11-23-55 Location: 10-A-114
Nature of problem or request: prince	Mernia, tout ack and
reed to have my eyes cher	
	Earnest Reed
DO NOT WRITE	Signature BELOW THIS LINE
Date: 3/27/04	
Time: 935 AM PM	RECEIVED
Allergies: <u>NCDA</u>	Date:
Nt 192 BIP12970P 71 RILET	Time: Receiving Nurse Intials
(S)ubjective: 1 , 1 mand la con d	no dontist My Duron lead
Out and my tooth is de thernia Checked and my le	Could solve a land to bet my
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Was MD/PA on call notif	
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